☐ Ms.

PLEASE TYPE OR PRINT

	Mr. Artist DMUT
	Permanent (2995 CCLFTON BCVD)
	Street City
	LAKEWOOD Tel. ( ) 2212109
	Zip 4407 Area Code
1	Temporary or Studio Address 54M 6
	Street City
	Tel. ( )
	Zip Area Code
	If you do not presently live in one of the counties of the Western Reserve, which county were you born in?
	Collaborator
	(If Any)
	If May Show entries are not accepted or not sold:
	Artist will pick up at Museum.
	Museum should dispose of.
	☐ Museum should ship to artist C.O.D. at this address:
	Special Instructions When necessary include below instructions or a drawing of how the object is to be assembled and displayed.

Entered previous May Show

□ no

This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain on exhibition until May 30, 1982.

The submission of objects will be construed as acceptance of all conditions printed in the entry information.

Signature

DO NOT DETACH